

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Arc at Dwight		STREET ADDRESS, CITY, STATE, ZIP CODE 300 East Mazon Avenue Dwight, IL 60420	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41002 Based on interview and record review, the facility failed to protect a residents (R2) right to be free from inappropriate touching by another resident (R1), for 1 (R2) out of three residents reviewed for abuse in the sample of five residents. Findings include: The facility policy titled 'Abuse Prevention and Reporting', reviewed 8/2023, documents this facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. The purpose of this policy is to assure that the facility is doing all that is within it's control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. Abuse: Abuse means any physical or mental abuse injury or sexual assault inflicted upon a resident other than by accidental means. R1's Minimum Data Set (MDS) dated [DATE] documents R1's Brief Interview for Mental Status (BIMS) score 13, cognitively intact. R1's Other/General Note dated 8/29/24 at 11:10pm documents R1 observed by CNA (Certified Nurses Assistant) in hallway with R2 with what appeared to be inappropriate touching of R2's pants/brief. R2's Facility Census documents R2 was admitted to the facility on [DATE] and has the following medical diagnoses: Guillain-Barre Syndrome, Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure, Dysphagia, Hyperlipidemia, Syncope and Collapse, Major Depressive Disorder, Insomnia, Unsteadiness On Feet, Abnormalities of Gait and Mobility, Lack of Coordination, Need for Assistance with Personal Care, Edema, HTN (Hypertention), GERD, Muscle Weakness, Urinary Tract Infection, Dementia Moderate with Psychotic Disturbance, Mood (Affective) Disorder, Delusional Disorders, Acute Cough and Hypothyroidism. R2's Minimum Data Set (MDS) dated [DATE] documents R2's Brief Interview for Mental Status (BIMS) score 4, severe cognitive impairment. (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's Other General Note dated 8/29/24 at 10:30pm documents R1 noted at end of hall by CNA with what appeared to be another male R2 who may have been inappropriately touching R1, having his hand on her pants/brief On 9/6/24 at 10:53am V1 Administrator said, on 8/29/24 at 7:30pm V1 was in V1's office and V4 (CNA) knocked on V1's door telling V1 to come to the nurses station regarding an incident between R1 and R2. V1 said, V3 (CNA) stated that V3 and V4 just left R4's room and observed R1 and R2 at the end of the hallway. V1 said, V3 stated that V3 ran down the hall to see what was going on and observed R1 with R1's hand slightly down R2's brief, and that R2's shirt was up to R2's belly button. V1 said, when V3 asked R1 what R1 was doing R1 did not respond and removed R1's hand. On 9/6/24 at 11:49pm V3 (CNA) said, on 8/29/24 at 7:25pm V3 and V4 (CNAs) had just put R4 to bed and came out of R4's room. V3 stated V3 looked down hall and saw R1 very close to R2, R1 had R1's back to V3 and could not see what R1 and R2 were doing. V3 stated, V3 ran down the hallway to see what was going on and R1 had R1's right hand inside R2's left side of R2's brief and that R2's shirttail was pulled up to R2's belly button. V3 stated V3 asked R1 what R1 was doing and R1 did not respond and removed R1's hand from R2's brief.		